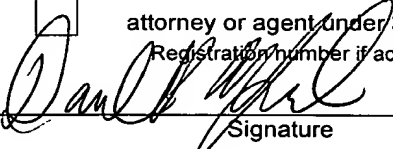





<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		<b>Docket Number (Optional)</b> S1022.80767US00	
<b>Application Number</b> 09/977048-Conf. #1792		<b>Filed</b> October 12, 2001	
<b>For</b> COMPILING COMPUTER PROGRAMS INCLUDING BRANCH INSTRUCTIONS			
<b>Art Unit</b> 2192		<b>Examiner</b> Chuck O. Kendall	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020-120	\$510	\$ 900
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.	11/25/2005 DTESSEM1 00000003 09977048		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	02 FC:1253 900.00 OP		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23/2825. I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 46,066			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 _____ Signature		November 21, 2005 _____ Date	
Daniel P. McLoughlin _____ Typed or printed name		(617) 646-8330 _____ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of 4 forms are submitted.			

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 11/21/2005 Signature:  (Emily K. Walsh)